Hypoglycemia Questionnaire

Name: Date:	_			
Place a check mark in the box that applies to you.	-			
0= never, 1=mild or infrequently, 2=moderate, 3=severe or often	0	1	2	3
Abnormal craving for sweets?				
Afternoon headaches?				
Allergies (tendency to asthma, hay fever, skin rash, etc.)?				
Awaken after a few hours sleep/difficulty getting back to sleep?				
Aware of breathing heavily?				
Bad dreams?				
Blurred vision?				
Brown spots or bronzing of skin?				
Butterfly stomach, cramps?				
Can't make decisions easily?				
Can't start in morning before coffee?				
Can't work under pressure?				
Chronic fatigue?				
Chronic nervous exhaustion?				
Convulsions?				
Crave candy or coffee in afternoons?				
Cry easily for no apparent reason?				
Depressed?				
Dizziness, giddiness or light-headedness?				
Drink more than 3 cups of coffee or cola a day?				
Get hungry or feel faint unless eat frequently?				
Eat when nervous?				
Feel faint if meal is delayed?				
Fatigue relieved by eating?				
Fearful?				
Get "shaky" if hungry?				
Hallucinations?				
Hand tremor (or trembles)?				
Heart palpitates (beats fast) if meals missed or delayed?				
Highly emotional?				
Nibble between meals because of hunger?				
Insomnia?				
Inward trembling, feels better after meals?				
Irritable before meals?				
Lack of energy?				
Moods of depression, "blues" or melancholy?				
Poor memory or ability to concentrate?				
Reduced initiative?				
Sleepy after meals?				
Sleepy during the day?				
Weakness, dizziness?				
Worrier, feel insecure?				
Symptoms come before breakfast?				

Total